

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
Registered No. 564

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Greener Canyon 3301 Ward 1st
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Arturo Gonzalez { If child is not yet named, make supplemental report, as directed

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Dec. 5-192
Month Day Year

8. FATHER Full name Santos Gonzalez 14. MOTHER Full maiden name Hermilanda Picazo

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 33 (Years) 16. Color or race Mex. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Zacatecas Mex. 18. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry Housewife

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown M.D. (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed Dec 15, 1929 Registrar

179-1205-876 Registrar